

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 446232	FILING DATE 16 DEC 1999					
						APPLICANT(S) Boyd						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1		1				51					
2		1		1			52					
3		2		1			53					
4		2		1			54					
5		2		1			55					
6		2		1			56					
7		2		1			57					
8		2		1			58					
9		2		1			59					
10		2		1			60					
11		2		1			61					
12		2		1			62					
13		2		1			63					
14		2		1			64					
15		2		1			65					
16		2		1			66					
17		2		1			67					
18	1		1				68					
19		2		2			69					
20		2		2			70					
21		2		2			71					
22		2		1			72					
23		2		1			73					
24		2		1			74					
25	1		1				75					
26		1		1			76					
27		2		1			77					
28		2		2			78					
29	1			2			79					
30	1			2			80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	5		3				TOTAL IND.					
TOTAL DEP.	29		23				TOTAL DEP.					
TOTAL CLAIMS	31		26				TOTAL CLAIMS					